PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.:

C	ED LIABILITY OMPANY STATEMENT	Sec DIVISIO	cretary of S			FILED 14 FEB 18 AM II: 00 SECRETARY OF STATE PARIMANASSEE, PROPRIOS		
DOCUMENT # LOS - 109286 1. Limited Liability Company's Name						MACUAHASSEE、PTSORIDA		
KTG BUILDERS, LLC						CR2E041 (1/14)		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					4 000 100	· · ·	1	
Suite, Apt, #,	,, , , , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.			4. State/Cour	TL/US		
0. 0.0		Cut 9 Court				5. Date Organized or Qualified To Do Business in Florida		
City & State	J COVE SPRINGS, F	City & State			6. FEI Numb	3786738 Applied For Not Applicable		
3204	Country US	Zip Country			7.	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
	8. Name and Address	of Current Registe	red Agent	Nation 1				
Name VEVIN CLEVELAND Street Address (P.O. Box Number is Not Acceptable)] . .n2/	800256852338 02/18/1401016011 **16.25		
1913 FIREFLY DRIVE								
Suite, Apt. #, Etc.					02/	800256852178 02/18/1401016010 **500.00		
City	EEN COVE SP	INGS	State FL	2ip Code 32043				
9. I, being	g appointed the registered agent of the a	bove named limited	liability compa	ıny, am familiar with	and accept the obli	gations of Chapter 605, F.S.		
Signature of Registered		REGISTERED AGE	NIT MUIST SIG	***		Date 02 18 14		
10, Nam	es and Street Addresses of Authorized i			91N			,	
Titles	Name of Authorized Representativ Managers			Street Address of E Authorized Represer Manager		City / State / Zip		
AMBR	KEYIN CHEVEL	AND	1913	> firefl	Y DRIVE	GREEN COVE SPRINGS	FL 320	
						FEB 1 8 2014		
	RF	EINST	ATE	MEN	TWIL	L. SELLERS		
	.1. \ 1.	-A1 10 A1	. <u> </u>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 20\v			
11, E-mail	Address Cleveland_	kevino	pelle	pouth.n	et		1	
	y that I am an authorized representative	(1 manager or the rece	To be used for fut iver or trustee		ute this application	as provided for in Chapter 608, F.S. I further certify that itsfies the requirements of section 605,0012, F.S., and		
that all fees as if made Signature of	s owed by the limited liability company hunder oath. I am aware that false inform	ave been paid. The in	nformation indi	icated on this applic of State constitutes	ation is true and acc a third degree felon	surate, and my signature shall have the same legal effect y as provided in s. 817.155, F.S.		
	Representative/Manager unted name of signing Authorized Repre	sentative/Manager _	KEVI	N CLEY	416014 CLAND	Daytime Phone # 904 729 0145		